Le Compte Funerel Service, Cambridge

CERTIFICATE OF DEATH

12497

		160	100		CERTI		711	01 1	/LA!!			Reg.	Dist. N	0.	
1. PL o.	ACE OF DEATH COUNTY Dorch	ester			MARY	CLAND		. STATE	pence (wearylar	460	d lived. If instit b. COUN	TV _	ches	7.500	sion)
b.	CITY OR TOWN (IF RURAL and give ne Camb	autside carporate limi arest town) ridge, Md.	ts, write	Life	TH OF STAY	IN 1b	13			dge, M	rate limits, write	RURAL	ind give n	earest taw	n)
d.	NAME OF HOSPITA OR INSTITUTION 123 Peac	AL (If not in hospital, g hblossom ##	ive street	oddress) Ve			/d	STREET A		eachbl	ossom, 1	Ave		ONA	SIDENCE A FARM? NO
DI	AME OF CEASED ype or print)	Fir C1	, harle	S	Middle G •		ldam	lo:	if	4. DATE OF DEATH		lonth	1	_	Year 19 59
5. SE	x Male	6. COLOR OR RACE White	7. MARR		EVER MARRI DIVORCE	-	8. DAT	724/18	н 389		9. AGE (In year last birthdoy year)	rs IF UN Mont			ER 24 HRS. Min,
	during most of wack	N (Give kind of wark of ing life, even if retired ESMAN			Sales		STRY 1		ACE (Stote	111111111111111111111111111111111111111	ountry)	12.		OF WHAT	T COUNTRY
13. F/	Geo. E.	Adams					14.		maiden n						
	no, or unknown) 1	R IN U. S. ARMED FOR If yes, give wor or dotes of a NO			OWN		Le		te Fur	neral	Service,	ddress Can	brid	ge, M	ſd.
1	PART 1. DEAT 155.0	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	6	ne for (a),	(b), ond (c).	d)	ni	200	le	ifr	/		IN OF	TERVAL BI	DEATH
	Canditions, if ar gave rise to in couse (o), stating t lying cause last.	the under-)		Ci				1						
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBU	TING TO DE	ATH BUT	NOTE	RELATED TO	THE TERM	INAL DISEAS	E CONDITION (SIVEN IN	PART 1(o)	19. WAS PERFO YES	DRMED?
1 -		CAUSE OF DEATH MEDICAL EXAMINER)		NURY OF	CURRED while_	20e. PL	ACE OI	EINJURY	Home, farme bldg., etc	1 20f. (Cib	Il of item 18.)	al	County	na.	(Stote)
2	21. I certify the	at 1 attended the	deceas	_		6 death	accu	, 19.J.			n the causes	and a		ate state	deceased ed abave
	PHYSICIAN'S NAME (Type)	V.H.HA	NA	eck C5	s		M.D. ,	2	84 K		U60	Z /	la		20/39
	BURIAL, CREMATION	11/21/59	OF 9	-	ME OF CEM				rk		mbridge			yland	
23. FI	UNERAL DIRECTOR'S	SSIGNATURE	110	ADD	DRESS				24a. REC'	D BY REGIST	TRAR 24b. RE	GISTRAR'S	SIGNATI	URE	

DATEOV 3 0 '59

arthur S. Krauk

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remaval, and in ony event within 72 hours ofter death. death. Page TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

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TO HOSPITAL O

VS A1S (4) 15M 9/55

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r death. Page 4

24 hours of

TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be executed within serions. The hospital or attending physicion may be retained the hospital or attending physicion and completely five TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely five page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page	vithin		ely fi	Page
TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death certificate be exmoy be retained. The hospital or attending physician or the configuration of the state of the physician or the configuration of the conf	ecuted v		complet	papers.
TO HOSPITAL OF VTENDING PHYSICIAN: The low requires that the death certificate may be retained the hospital or attending physicion. TO HOSPITAL OF TENDING PHYSICIAN: The hospital or attending physician of the physician physician page 3 should be detached for use as the buriol-transit permit. Then please remove a	be ex		puo uc	droon
TO HOSPITAL OF TENDING PHYSICIAN: The low requires that the death ce may be retained the hospital or attending physician. TO HOSPITAL OF TENDING THE despital or attending physician. TO HOSPITAL OF TENDING THE despital or attending physician.	rtificote		physicic	emove o
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TO HOSPITAL OF VTENDING PHYSICIAN: The may be retained the hospital or attending process. TO FUNERAL DIRECTOR: After this certificate has page 3 should be detached for use as the burio	low	hysicie	s been	I-tran
TO HOSPITAL OF TENDING PHYSICIAN may be retoine, the hospital or attending TO FUNERAL DIRECTOR. After this certifical page 3 should be detached for use as the	: The	d bu	e ha	burio
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TO HOSPITAL OF TENDING may be retoined the hospital may be retoined the hospital DIRECTOR: After 1555, page 3 should be detached for	PHYS	al or c	his ce	use o
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VS A1S (4) 15M 9/55	TO H	mo)	TO FL	bod
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1.	PLACE OF DEATH DOMUHES!	TER	404	- MA	ARYLAND	2. USUAL RES	TARYLAN	ne deceased	lived. If insti b. COUN	tution: Resid	dence before CHESTE	re admissio ER	on)
	b. CITY OR TOWN	(If outside carporate limi phearest town)	ts, write	c. LENGTH OF ST.			BRIDGE	tside corpore	ote limits, writ	e RURAL or	nd give nec	orest town)	
	d. NAME OF HOS	PITAL (If not in hospital, g N809 MARYLA		and the same of th		/d. STREET 809	ADDRESS MARYL	AND A	Æ			e. IS RESTI	PENCE FARM2 NO'
	NAME OF DECEASED (Type or print)	KATE	st	CHR.	ISTOP	HER B	RADLEY	4. DATE OF DEATH	N	Wonth V.	9,00	y Y	eor 59
	FMALE	6. COLOR OR RACE	7. MARI WIDOW	RIED NEVER MAI	RRIED	8. DATE OF BIR MARCH	⁷ 27, 18	76	AGE (In yes	yrs. IF UNE	DER I YEAR	Hours Hours	24 HRS. Min.
10a	dring round of w	TION (Give kind of work or ting tife, even if retired	done 10b.	OWN HO			TARYLAN		untry)	12.	U S A		COUNTRY?
	ROBERT (CHRISTOPHER					S MAIDEN NA PHERINE		RISTOPI	ER			
	WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY I	_	ROBERT	PARHAM	C	AMBRID	Address GE M	IARYL	ND	
		DUE TO		11/	1	11	-						
ATION	Conditions, if gave rise to code (a), stotin lying cause las	ony, which (b) (b) immediate ag the under-	wi	M Me	DEATH BUT	NOT RELATED T	O THE TERMIN	AL DISEASE	CONDITION	GIVEN IN F	PART 1(o) 1	PERFOR	MED?
CERTIFICATION	gave rise to code (a), statin lying cause las PART II. O	ony, which immediate DUE TO the under-	DITIONS	CONTRIBUTING TO							PART I(a)	9. WAS A PERFOR	MED?
	gave rise to code (a), statin lying cause las PART II. O	ony, which immediate gether under- ty the un	DITIONS	CRIBE HOW INJURY NJURY OCCURRED Not white	Y OCCURRED		of injury in Po	rt 1 or Part	II of item 18.)		(County)	PERFOR	MED?
CAL	gove rise to code (a), storin lying couse los PART II. Of CONTRIBUTION (IF EITHER, NOTIL) 20c. TIME OF INJIHOUR O. m. p. m. 21. 1 certify alive an ACTUAL SIGNATURE PHYSICIAN'S	ony, which immediate gether under- ty the un	DITIONS 20b. DES or 20d. I While ol wol	CRIBE HOW INJURY NJURY OCCURRED Not white of work	20e. PL	D. (Enter nature	of injury in Po (Home, form, ce bldg., etc.)	20f. (City	or town)	2,that	(County)	PERFOR YES The state of the sta	(Slate)
MEDICAL	gave rise to coess (a), storin lying couse los PART II. O 20a. ACCIDENT v OR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF INJI Haur a. m p. m 21. I certify alive an	ony, which immediate immediate graph of the under-ty of the un	20b. DES 20b. DES While of wor	CRIBE HOW INJURY NJURY OCCURRED Not white of work	20e. PL for	ACE OF INJURY ctory, street, offi	(Home, form, ce bldg., etc.) A L C	20f. (City) M, fram DDRESS (Str. CLAS	or town) the cause	that s and an wn, state)	(County)	PERFOR YES The state of the sta	(State) (State) deceased disparente signed

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12523 CERTIFICATE OF DEATH 12500

							Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY DORCH	ESTER	MARYLA	- 11	o. STATE MARYLAND	ere deceased	b. COUNTY	RCHEST	before admiss	ian)
	(If outside corporate limits, w	c. LENGTH OF STAY IN		c. CITY OR TOWN (IF or	utside carpor	ote limits, write f			1)
					MBRIDO	ie.			
OR INSTITUTION	CAMBRIDGE	freet address)	1	d. STREET ADDRESS HUDSON				e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	First WILLIE	Middle S •	DA	Lost	4. DATE OF DEATH	NOV.	nth 11	/	Year 19 59
5. SEX MALE	7 77 7 77 77 77 77 77 77 77 77 77 77 77	MARRIED NEVER MARRIED		NOV. 16, 188		9. AGE (In years lost birthdoy) 75 yrs.	Manths [YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo FARMER	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR FARMING	INDUSTR	Y 11. BIRTHPLACE (SION OF MARYLAN	100000	untry)	-	EN OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
WILLIAM	DAIL		-50	MARY	KEYES				
15. WAS DECEASED EV (Yes, no, or unknown) NO	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			ORMANT ES WILLE D	DAIL R		AMBRID	GE MAR	YLAND
Canditians, if gave rise to cotse (a), stating lying cause last	g the under-	Carcinoma of	the	prostate				8 day 6 mon	
PART II. O' PART II. O' PART III. O' PART II	Diabetes mel	ons contributing to DEAT					VEN IN PART	PERFC	AUTOPSY PRMED? NO
	VAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCC	CÚRRED.	(Enter nature of injury in P	Part I ar Port	II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	. 10 V	Od. INJURY OCCURRED Vhile Not while t work ot work	0e. PLAC facta	E OF INJURY (Home, form, ry, street, affice bldg., etc.	. 20f. (City	or town)	(Co	unty)	(State)
21, I certify to alive an	11-9-59 Eldridge	wolff, M.D.	death o	occurred at	_M, fram ADDRESS (Str	the causes of th	and an the state)	e date state	ed abave ATE SIGNE
220. BURIAL, CREMATI		1959 DORCHEST		EMORIAL PARK		ION (City, town, IBRIDGE	or county) MARYL	AND (Stot	e)
23. FUNERAL DIRECTO	TE FUNERAL SE	RVICE CAMBRI	DGE	MARYLA ND DATE	D BY REGIST	24b. REGI	Orthug	S. Krans	

may be retained. If the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial. crematian, ar remaval, and in any event within 72 Mours after death. death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OF

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VS A15 (4) 15M 9/55

22a. BURIAL, CREMATION, 22b. DATE THEREOF

Nov.

ADDRESS

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

12501

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO Month Day Year November 19 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Days Hours Min. 47 yrs. 12. CITIZEN OF WHAT COUNTRY? IT C Address R. Spencer Harris Sr. 3 William St. INTERVAL BETWEEN Instant PERFORMED? NO IX YES T 20f. (City or town) (County) (State) Inspection k, Inquiry , and find that Suicide , Homicide , Undetermined cause . DATE SIGNED 11/11/59 DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) Old St. Paul's Cemetery Chestertown, Md. 24b. REGISTRAR'S SIGNATURE 24o. REC'D 8Y REGISTRAR Would Cambridge, Md. DATE NOV 1 6 '59

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0 VS. A15ME(5) SM 9/55

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VS. A15ME(5)

	MENT OF HEALTH—BALTIMORE, 18 R'S CERTIFICATE OF DEATH Reg. Dist. No. 13644
1. PLACE OF DEATH C. CONRCHESTER MARYLA	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATEMARYLAND b. COUNTY DORCHESTER
b. CITY OR TOWN (If outside corporate limits, write RURAL 7 HOURS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CAMBRIDGE MARYLAND HOSP.	d. STREET ADDRESS OAKLEY STREET STREET ON A FARM? YES \(\text{NO } \text{NO } \text{YES } \(\text{T} \)
3. NAME OF FIRST Middle (Type or print) 3. NAME OF EDWIN M.	HENRY Last 4. DATE Month NOV. 5, 19 59
5. SEX MAILE 6. COLOR OR RACE WHITE WIDOWED DIVORCED D	all y 2 Oligingony) Months Down Hours Atin
10a. USUAL OCCUPATION (Give kind of work done during the principle) PLANT	DUSTRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY?
JOHN E. HENRY	14. MOTHER'S MAIDEN NAME HACKETTT
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MRS EDWIN HENRY CAMBRIDGE MARYLAND
2201	estion and edma interval between onset and death 72 Hrs.
gove rise to immediate couse	ine and opiates 10 Hr.
(o), stoting the underlying DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ED. (Enter noture of injury in Part 1 or Part 11 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour g. m.,	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)

21. I certify that I took charge of the remains described above, held on Autopsy KI, Inspection , Inquiry, and find that death resulted from: Notural causes X, Accident , Suicide , Hamicide , Undetermined cause

ACTUAL SIGNATURE EXAMINER'S NAME (Type) Dr. John Mace Jr.

NOV. 7, 1959

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

12/9/59 DEPUTY MEDICAL EXAMINER

22d. LOCATION (City, town, or county) MARYLAND DATE SIGNED

(Stote)

CAMBRIDGE 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE CrEdun S. Kinsis

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226. DATE THEREOF

ADDRESS CAMBRUDGE

DORCHESTER MEM. PARK

22c. NAME OF CEMETERY OR CREMATORY

DATEDEC 1 4 '59

Tighteen 4 Charles of a street street

06

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITA	pe	TO FUNERAL	3
V	S 5N	A15	55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12513 CERTIFICATE OF DEATH

12502

		110			Re	g. Dist. No.	
1. PLACE OF DEATH 0. PONTHESTER	2	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAN	ere deceased lived.	If institution, Rose, COUNTROL	esidence before adm ESTER	nission)
b. CITY OR TOWN (IF C	outside corporate limits, v est town)	c. LENGTH OF STAY IN 16 2 DAYS	c. CITY OR TOWN (IF or		nits, write RURAL	and give nearest to	wn)
d. NAME OF HOSPITAL	MARYLAMD H		d. STREET ADDRESS RACE ST	REET		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	RAC E	Middle C •	HUGHLETT	4. DATE OF DEATH	Month NOV.	Day 7,	Year 19 59
S. SEX FEMALE	TATELTOP	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH DEC. 26, 1881			NDER 1 YEAR IF UN	
Horing Post of Typykin	(Give kind af wark done g life, even if retired)	OWN HOME	USTRY 11. BIRTHPLACE (Stote of MARYLAND		1	2. CITIZEN OF WH	
3. FATHER'S NAME CHARLES	COMNON		14. MOTHER'S MAIDEN N EMMA DAV				
S. WAS DECEASED EVER I	N U. S. ARMED FORCES' yes, give war or dates of service		ILBERT BLADES	CAMBR	Address IDGE MA	RYLAND	
PART I, DEATH	f [Enter only one cause I WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	per line for (o), (b), and (c).	Infarel			INTERVAL ONSET AN	BETWEEN ID DEATH
Conditions, if any gave rise to improve the course (a), stating the lying cause last.	nediate (DUS TO	arterio sal	enter (1	00		The state of	1
KA KA	r SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN	PER	S AUTOPSY FORMED?
	ONDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in P	art I ar Part II of i	tem 18.)		
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED 20e. P While Not while fi at work at wark	PLACE OF INJURY (Hame, farm, actary, street, office bldg., etc.)	20f. (City or tow	vn)	(Caunty)	(State)
21. I certify that alive on	I attended the de	ceosed from 11 - 40	h occurred ot 9 39	1.M., from the ADDRESS (Syeet, ci	couses ond)	oted obove DATE SIGNE
PHYSICIAN'S NAME (Type)					0		
220. BURIAL CREMATION, REMOVAL (Specify)	22b DATE THEREOF	959 2c. SPRING HI	OR CREMATORY	EASTON (City, town or co	L'AMD (S	tate)
23. FUNERAL DIRECTOR'S	SIGNATURE FUNERAL SER	VICE CAMBRIDGE	READVI AND	BY REGISTRAR OV 1 0 '59	24b. REGISTRAR	R'S SIGNATURE	Pini

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VS. ATSME(5) SM 9/55

12504

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1		PLACE OF DEATH	nester		MARYL	AND		esidence (w Maryla		ed lived. If inst b. COUN	1994	dence be		
	b	ond give nearest town)	outside corporate limits, write		c. LENGTH OF STAY II	4 1b		or town (if		oorate limits, wri	ite RURAL a	nd give n	eorest to	wn)
X	d				pital, give street address		-	ADDRESS					ON	ESIDENCE A FARM?
	-1	NAME OF DECEASED (Type or print)	fin Ea:	rle	Middle R.	F	Geene	767	4. DATE OF DEATH	Mo 1		Doy 18)	⁷ 59
	5. 5	Male	6. COLOR OR RACE White	7. MARRIE	D DIVORCED			тн (883		9. AGE (In years last birthday)	Months	R 1YEAR Days	Hours	ER 24 HRS. Min.
	10a	. USUAL OCCUPATION luring most of working rarmer	N (Give kind of work of life, even if retired)	lane 10b. K	Farmer	NDUSTR		larylar	IL CALL	ountry)	12. CI	U.S.		COUNTRY?
1		FATHER'S NAME Thomas H.	Keene				14. MOTHER	S MAIDEN N		vers				
)		WAS DECEASED EVEN	R IN U. S. ARMED FOI If yes, give war or dotes of the NO	service)	social security no. Unknown		FORMANT	Spicer	Gold	Addre en Hill		land	ı.	
		PART I. DEATH	H [Enter only one cau H WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	D	for (o), (b), ond (c).]							ONS	NAL BETWEET AND DE	ATH
\ 		Conditions, if any gave rise to immedi (o), stating the un couse lost.	ate cause											
2	ATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS CO	DNTRIBUTING TO DEATH	BUT NO	OT RELATED TO	O THE TERMI	NALDISEASI	E CONDITION C	GIVEN IN PA		9. WAS PERFO YES	AUTOPSY ORMED?
	CERTIFICATION	20g. EXTERNAL CAUS PRIMARY D or CON CAUSE OF DEATH.	TRIBUTING []		ran into			injury in Part	I or Part II	of item 18.)				
9	MEDICAL	20c. TIME OF INJURY	Month, Day, Yea 11/18/59	While	Not while ork of work	focto	ry, street, offic	ce bldg., etc.)			ounty)	or.	(Stote)
				of the I	remains described Accident K,	abov	re, held a	n Autopsy	y 🖳 , Ir	spection [], Inqu	iry 🗌	-	find that
		ACTUAL SIGNATURE	Louis	m	- al	ba	M.D. CHIEF	MEDICAL EX	AMINER [DATE	SIGNED
2		EXAMINER'S NAME (Type)	r. John	Mace			DEPUT	Y MEDICAL I	EXAMINER [<u>g</u> 1	1/20			
	220	BURIAL CREMATION	11/21/5		Grace Chu		64			TION (City, town			(Stor	
	23.	FUNERAL DIRECTOR'S		ervic	e Cambridge	, Ma	aryland		BY REGIST 3 0 '59		GISTRAR'S S		RE	

		U EXAMINE	x _s .
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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OF

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12505

	1252	5	CERTIFIC	ATE OF DEA	ATH		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Dorch	este	T MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where decease	d lived. If institution b. COUNTY	-	chest	
RURAL ond give n	(If outside corporate lim		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orote limits, write RI			
	TAL (If not in hospital,	give street		d. STREET ADDRE				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	_{Fi} Mar		Middle	lost Lee	4. DATE OF DEATH	Mon Nov		Doy 28	Year 1950
s. sex Female	6. COLOR OR RACE	7. MARI	NED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH June 14	1899		IF UNDER 1	YEAR IF UN Days Hour	
Labo:	rking life, even if retired	done 10b.	kind of Business or inc	Dorche	ster Co		12. CITIZ	USA	
13. FATHER'S NAME	Charles	Dun	nock	14. MOTHER'S MAIL	Annie	Armstr	ong		
Yes, no, or unknown)	ER IN U. S. ARMED FOR		19-07-7309	Levin Le	e, Har	Add risvill			
Conditions, if c gove rise to code (o), stoting lying couse lost.	the under-	, Ca	rdiac Decom		TERMINAL DISEAS	E CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) Hour o. m. p. m.	AS UNDERLYING G CAUSE OF DEATH / MEDICAL EXAMINER) RY Month, Day, Ye	ar 20d. 1	CRIBE HOW INJURY OCCUR NJURY OCCURRED Not while k of work	RED. (Enter noture of inju PLACE OF INJURY (Home foctory, street, office bldg	, farm, 20f. (City		(Ce	ounty)	(Stote)
21. I certify the alive and QV. ACTUAL SIGNATURE PHYSICIAN'S J NAME (Type)	May fur	195		13 , 1959 , to th accurred at _M.D. 227 Pin	M, from	treet, city or lown,	nd an the	e date sta	ated abave
220. BURIAL, CREMATIC REMOVAL (Specify BUT 13.1	1 12/1/1	of 959	Madison C			TION (City, town, o	or county)	(St	rote)
23, FUNERAL DIRECTOR	S SIGNATURE	last	Cambrid	ge, Md. DAT	REC'D BY REGIST		TRAR'S SIGN		

	CERTIFICATE OF DEATH	
		10.00
	present a continue was a large was recommended to	7
NAME OF THE PARTY		
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death. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	125	15	CERTIFIC	ATE OF DEATH	1	Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryla	nere deceased lived. If insti	tution: Residence b	efore admission)
b. CITY OR TOWN (I RURAL ond give	f outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, writ		
			75 years	/3 Cambrid	ge		
OR INSTITUTION	At (If not in hospital, g Cambridge—M		and Mospital	d. STREET ADDRESS 214 G2	y Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	fir Bess		Middle Meekins	Lost Menamara	4. DATE OF DEATH NOVember	Month er 9,1959	Day Year
5. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED	8. DATE OF BIRTH November 27,	9. AGE (In yet lost birthdo	OFS IF UNDER 1 YE	AR IF UNDER 24 HRS
10a. USUAL OCCUPATIOn during most of world House Res	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	James Isl	or foreign country)	12. CITIZEN	U.S.
13. FATHER'S NAME				14. MOTHER'S MAIDEN N			
Da	niel R. Me	ekin:		Sarah Ann	Maguire		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		ddress	
No	(It yes, give wor or dates of s	irvice)	M	liss Elsie McNe	amara, 21/ Gar	Street	Cambridge
PART I. DEA 332 X Conditions, if o gove rise to i couse (o), storing lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under- (c)	Ar	e for (a), (b), ond (c).] erebral thro	osis		0	NIERVAL BETWEEN INSET AND DEATH 10 hrs.
CAT		DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in f	Port 1 or Port II of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While of work	Not while fe	LACE OF INJURY IHome, farm potory, street, office bldg., etc.	, 20f. (City or tawn)	(Coun	ty) (State
21. I certify the olive on	at I attended the	deceose _, 19	ed from 1/1/55, ond that deof	h occurred of 10.55	M, fram the cause:	s and an the o	sow the deceos date stated above DATE SIGN 1/10/59
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	John Mace		22c. NAME OF CEMETERY	DR CREMATORY	22d. LOCATION (City, fow.	n, or county)	(State)
REMOVAL (Specify)	November	12,1	959 Cambridge	Cemeterv	Cambridge	1/12	(5.5.5)
23. SUNERAL DIRECTOR'S	S SIGNATURE) 3	hor	ADDRESS Cambrid	100 MA 240. REC'E	ON 1 6 150	GISTRAR'S SIGNAT	

TO HOSPITAL OF TO FUNERAL DIM VS A15 (4) 15M 10/57

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VS A1S (4)

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filled

1. PLACE OF DEATH o. COUNTY Dorchester

Cambridge.

MARYIAND h CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 RURAL and give nearest town

Vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Middle

c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Cambridge. Md.

158 East.

Lost

14. MOTHER'S MAIDEN NAME

d STREET ADDRESS

Maryland

. IS RESIDENCE ON A FARM? YES NO F

Yeor

19 50

Min

NAME OF DECEASED (Type or print) Ressie 5 SEX

during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

Peter Hedinger

Md

White

158 East. Appelby.

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED WIDOWEDT

R DATE OF BIRTH DIVORCED T

100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)

Virginia

4. DATE

DEATH

12 CITIZEN OF WHAT COUNTRY?

Doys

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

Rea. Dist. No.

Dorchester

Housewife 13 FATHER'S NAME

Female

Betty Jones

17 INFORMANT

Newman.

Address

9. AGE (In years lost birthday)

9.70

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

Annalha

b. COUNTY

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:

Unknown ARC/NOMA

Housewife

16. SOCIAL SECURITY NO.

Newman, 158 Mrs.

LADDER

Ave. Cambridge, Md. Appelby.

METALTALIS

Month

Months

INTERVAL BETWEEN ONSET AND DEATH 6 MOS

PERFORMED?

lying couse lost.

Conditions, if any, which gove rise to immediate cosse (a), stating the under-

DUE TO

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

YES T NO T

20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy. Year

a.m.

p. m.

20d. INJURY OCCURRED While Not while

20e. FLACE OF INJURY (Home, form, 20f. (City or town)

(County)

1952 that I last saw the deceased

(State)

MEDICAL

CATION

19

of work of work

foctory, street, office bldg., etc.)

21. I certify that I attended the deceased from

and that death occurred at P.M. from the causes and an the date stated above.

ADDRESS

ADDRESS (Street, city or town, stote)

CAMBRIDGE

22d. LOCATION (City, town, or county)

DATE SIGNED

(Stote)

ACTUAL PHYSICIAN'S NAME (Type)

> REMOVAL (Specify) Buria

RED

220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY National Mem Park

24a. REC'D BY REGISTRAR

Falls Church 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

Compte Funeral Service.

Cambridge,

NOV 3 0 '59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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12509 Rea Dist No

					reg. Dist.	. 140.
i. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (V	Where deceased lived. If	institution: Residence	before admission)
Dorchest	eh	MARYLAND	Marvla		Dorche	oton
b. CITY OR TOWN (If outside of RURAL and give nearest town	corporate limits, write	c. LENGTH OF STAY IN 16		f outside corporate limits.		
Vienha		Life	X Vienna			
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
None			None			YES NO
NAME OF DECEASED (Type or print)	First	Middle	Phillins	4. DATE OF DEATH	Month	Day Year
SEX 6. COLO		RIED T NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I	n years IF UNDER I	YEAR IF UNDER 24 HRS
Male To	Thite WIDOW	112	9/7/1900	lost bir		Pays Hours Min.
o. USUAL OCCUPATION (Give a during most of working life, e	kind of work done 10b	KIND OF BUSINESS OR INDI		te or foreign country)	12. CITIZ	EN OF WHAT COUNTR
Farmer		Farmer	Vienna	Maryland.	71	I Q A
. FATHER'S NAME		T AT INC.	14. MOTHER'S MAIDEN			*3*#*
Edgark E.	Phillips		Mary V.	Phillins		
. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
NO NO		INknown	Mrs. Guy R.	Phillips V	ienna Md	
18. CAUSE OF DEATH [Ente				- I de la constitución de la con		INTERVAL BETWEEN
PART I. DEATH WAS O		The tot (of the die (of)	II.			ONSET AND DEATH
	TE CAUSE (o)	arcens	men The	cereo	>	Tunc
157X	DUE TO					3,00
Conditions, if ony, which						SUMBLE OF THE SECOND
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cotse (o), stoting the under						SUCH TATIONS
lying couse lost.	(c)					
PART II. OTHER SIGNI		CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ON GIVEN IN PART 1	I(a) 19. WAS AUTOPSY
						PERFORMED?
PART II. OTHER SIGNI 200. ACCIDENT WAS UNDER OR CONTRIBUTING	LYING 1 20b. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	n Port I or Port II of item	18.)	
		MILITA OCCUPATO 20- 0	PLACE OF INJURY (Home, fo	2006 (67)	1 10	
20c. TIME OF INJURY Month Hour o. m. p. m.	While		actory, street, office bldg., e	etc.)	; (Co	unty) (State
p. m.	19 of wo				Since Street	
21. I certify, that I att	ended the decea	sed from $= 5/1/$	19J9 to	11/1	19 that I lo	st sow the deceas
olive on	19 10	59, and that deat	h occurred of 7	M from the co	7	date stated above
5/1	200	- , ond mor deor	ii occorred oc.	ADDRESS (Street, city of		DATE SIGN
ACTUAL	1774	auks	MD. 104	Locus	5 SV	- 1/2/
PHYSICIAN'S NAME (Type)	H. HA	NKS	CAO	- (BRD)	65-1	1ARXUA
o. BURIAL, CREMATION, 22b. I	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City	, town, or county)	(Stole)
REMOVAL (Specify) Burial 11	/3/59.	East New Ma	arket Cem	East Nov	Mankot M	amrland
FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS	24a. RE	C'D BY REGISTRAP 24	b. REGISTRAR'S SIGN	. 46
Le Compte Fune	ral Service	e, CAmbridge,	Mary Land DATE N	INV 6 '59	Chillian S. T.	Crosses

al his per	HIARD ROST	CERTIFICA		
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			NAME AND ADDRESS OF STREET	
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William & State III

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CERTIFICATE OF DEATH

	1401	-	IIIICAI	L OI DEAII		Reg	. Dist. No	
1. PLACE OF DEATH o. COUNTY		hester "	ARYLAND 2	o. STATE Maryl	-		sidence before the s	
RURAL ond give	N (If outside corporate limits, or neorest town)	write c. LENGTH OF S		c. CITY OR TOWN (IF a	outside corporate l idge - R		and give ne	arest town)
OR INSTITUTIO	SPITAL (If not in hospitol, give SP Waryland H			/d. STREET ADDRESS R.F	r.D. #2			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Kermit		ddle Leroy	Pinder	4. DATE OF DEATH	November	2200	Yeor 59
5. SEX Male	-0	IDOWED DIVO	RCED []	ecember 28,	1910	48 birthday) Mon		Hours Min.
Farmin	TION (Give kind of work don vorking life, even if reticed) and Merchan		ore	Dorcheste	r 'o., M		U.S.	A .
13. FATHER'S NAME	ce Pinder			Bertha Mo				
IS WAS DECEASED!	VER IN U. S. ARMED FORCES (If yes, give war or dates of service			. Kermit Pi	nder, Ca	Address mbridge,	Md.,	R.F.D.
Conditions, it gove rise to couse (o), stoti lying couse lo	immediate DUE TO	IONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE COP	ndition Given in	PART 1(0) 1	19. WAS AUTOPSY PERFORMED? YES NO NO
PART II. (CA) 200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOTI) 20c. TIME OF IN. Hour o. r	URY Month, Day, Year	20d. INJURY OCCURRED While Not while of work	20e. PLACE	OF INJURY (Home, form, street, office bldg., etc	n, 20f. (City or to		(County)	
21. I certify alive an ACTUAL SIGNATUR PHYSICIAN'S NAME (Type)	that I attended the deliberty (1)	ceased fram 10	hat death ac	200Marylan	AM, from the ADDRESS (Street, ond Aven	e causes and a city or town, state)	in the da	aw the deceasive stated aba DATE SIGN
REMOVAL (Speci	Nov - 52 - Tab	Fork	Neck Cem	etery	22d. LOCATION Cambri	(City, lown or cour dge, Mary	Land,	R.F.D.
23. FUNERAL DIRECTO	tom and Son, F	ederal sburg	, Maryla	and 240. REC'	DEC 2 '59	24b. REGISTRAR	S SIGNATUI	

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 TO HOSPITAL OF STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demand be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should

the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 1SM 10/57

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) [100	20	CERTIFIC	AIL OF	DEAI			Reg. D	ist. No		
	1. PLACE OF DEATH o. COUNTY DOT	chester Co.		MARYLAND	2. USUAL RES o. STATE		here deceased	d lived. If instituti b. COUNTY		ence befo	. 12	ion)
	b. CITY OR TOWN (RURAL ond give n	If outside corporate limits	, write c	LENGTH OF STAY IN 16	c. CITY OR			rote limits, write R)
l		dville. Md.		Life	X		rille.	Md.				
	OR INSTITUTION	TAL (If not in hospital, giv	ve street ad	dress)	d. STREET	None None					ON A	FARM?
Ì	3. NAME OF DECEASED	First)	Middle	lo		4. DATE	Mor	ith	Do	ly 1	Yeor
l	(Type or print)	Will	liam	O. Robi	nson	£56.4	DEATH	1	1	26	1	19 59
	5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDE Months		IF UNDE	
	Male	White	WIDOWED	DIVORCED [11/16	1887		72 yrs.	Months	Days	Hours	Min.
I	10a. USUAL OCCUPATION	ON (Give kind of work do king life, even if retired)	one 10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHP	LACE (Stote	or foreign co	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY
۱	Waterma		T.	Vaterman	Todo	dville	Mary	rland.	4	U.S.	- A -	
ľ	13. FATHER'S NAME				14. MOTHER			4	27 6			
ł	A R	obinson			M.	Robin	nson					
Ì	15 WAS DECEASED EVE	R IN U. S. ARMED FORC		CIAL SECURITY NO. 17.	INFORMANT	110011		Add	ress	-44		
l	(Y41, no. or unknown)	(If yes, give war ar dates of ser		212-16-3801 M	m G Pc	hine	n Tod	dville.	Mame	land		
t		ATH [Enter only one cou				7011131	<i></i>	وعليلها	rial y			TWEEN
l		ATH WAS CAUSED BY:	100	12 free 0 r	Hon	2 42	1 /10	00		ON	ERVAL BE	
ı	331X	IMMEDIATE CAUSE (o)	<u> </u>	******	X	000	LACE	1	~	(ours
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ı	Conditions, if a	mmediate	EL	- war	Jan C	000	OVIO.	sauro	Nic	2		
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ł	lying cause lost.) (c).	UTION IS CO		TALOT DEL 4700 T	0 7115 7501					0 11115	A LITO BOW
1	PART II. OT	HER SIGNIFICANT COND	IIIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED T	OTHETEKN	MINAL DISEAS	E CONDITION GIV	EN IN PA	R1 1(0)	PERFO.	RMED?
ı	<u>5</u>	N	Col	eas me	leur	9	841	7			YES Z	NO Z
	□ OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	206. DESCR	IBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port for Por	t II of item 18.)				
١	Z 20c. TIME OF INJUI		r 20d INI	URY OCCURRED 20e. P	LACE OF INJURY	(Home, for	m. 20f. (Cib	or town)		(County)	-	(State)
I	Hour o.m.	19	While	_ Not while fo	octory, street, office	ce bldg., et	c.)	or ionii,		(Coomy)		(Sioie)
İ	₹ p. m.		of work [ot work			1					
1	21. I certify the	get I attended the	deceased	fram 0/0	. 195/	, ta	11/20	195	Z,that I	last se	aw the	decease
Ì	alive on_//	126	_, 12]	9_, and that deat	h accurred a	t	M, fran	n the causes	and an	the do	te state	d abav
١		11/ 700	-1	, ,		-	ADDRESS (S	treet, city or town.	stote)		A / DA	TE SIGNE
Į	ACTUAL SIGNATURE	1.5-1.	-a	uks.	M.D. 10-	40	oay	st It	- ,		11/28	5/59
	PHYSICIAN'S NAME (Type)	V. H. HAI	VKS		Cox	MB	RID	6E ,1	1AI	RYL	AN	7
I	220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	e)
I	Burial	11/29	/50	Zion Church	Vand		Too	dulle	Manr	land		
1	23. FUNERAL DIRECTOR		"	ADDRESS	Luzu	24a. REC	D BY REGIST	TRAR 245. REGI				
4	Le Compte	Funeral Se	rvice	. Cambridge. 1	id.	DATE D	EC 2	9 0	iliun d	, /Usas	AA	

requires that the deoth certificate be executed within 24 hours ofter the ottending physicion After this certificate has been signed by hed for use as the burial-transit permit. hospital or attending physician TO FUNERAL DIRECTOR: After this ce page 3 should be detached for use

erol director, be filed with

Page 4

death.

VS A15 (4) 15M 9/55

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more than the milesty	0.500 117			

MARKIAND STATE DEPARTMENT OF MEALTH-BALLIMORE

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رلاه	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	12518	CERTIFICATE	OF DEATH	R

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12512

DEATH	Reg.	Dist.	No.	LWUI

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DATESOV 1 6 '59

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PLACE OF DEATH	CHESTER		MARY	YLAND	2. USUAL RESIDENCE (Who o. STATE ARYLAND	ere deceased	lived. If institution b. COUNTY		nce befo		sion)
b. CITY OR TOWN	(If autside corporate limit nearest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF or // // CAMBRIL		ote limits, write R	URAL and	give nec	grest fowr	n)
d. NAME OF HOSE	PITAL (If not in hospital, gi	ve street	address)		d. STREET ADDRESS OAKLEY STR	REET					SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MAMIE MAMIE	t	PHILLI		ROSZELLE	4. DATE OF DEATH	NOV.	th	9, Do	•	Year 19 59
S. SEX FEMALE	6. COLOR OR RACE WHITE	WIDOWE	ED 图头 DIVORCE	0 🗆	JULY 28, 1888		AGE (In years last birthday) 71 yrs.	IF UNDE Months	Days	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPAT পুরুষ্টের উপ্ত	ION (Give kind of work d	ane 10b.	WN HOME	OR INDUS	TRY 11. BIRTHPLACE (Stole of MARYLAND	or foreign cou	intry)	12. CI	U. S.		COUNTRY
3. FATHER'S NAME LUTHER	PHILLIPS				14. MOTHER'S MAIDEN N. MARGARET		LS	12.05	N/A		
15. WAS DECEASED EN	/ER IN U. S. ARMED FORC (If yes, give wor or dates of se-		SOCIAL SECURITY NO NONE). 17. III	iformant THURMAN PHI	LLIPS	CAMBR.		MAR	RYLAN	VD
Conditions, if gave rise to catse (o), stating lying cause last	g the under-	DITIONS C	ONTRIBUTING TO DE	ATH BUT	not related to the termin	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
OR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in P	art 1 or Part I	l of item 18.)				ORMED?
20c. TIME OF INJU Hour a. m. p. m.	10	r 20d. IN While of wark	Not while of work	20e. PLA foc	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City o	er tawn)	(County)		(State)
21. I certify (alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that vattended the	decease _, 19_	decomp)	death	00000000000000000000000000000000000000		the causes/a cot, city or town,	nd an t		te state	
220. BURIAL CREMATI BREMOVAL (Specif	A CONTRACTOR OF THE CONTRACTOR	195	22c. NAME OF CEM CAMBRI	DGE	CEMETERY		ON (City, town, o RIDGE M	county)	AND	(Stote	e)
23. FUNERAL DIRECTO	R'S SIGNATURE SEE	VTCE	ADDRESS	CE	MARVI ANII 24a. REC'D	BY REGISTRA	AR 24b. REGIS	TRAR'S SI	GNATUR	E	

VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
1	12529 CERTIFICA	ATE OF DEATH Reg. Dist. No.
)	1. PLACE OF DEATH o. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY DORCHESTER
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - CAMBRIDGE 1 YEAR	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SECRETARY
16	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTERN SHORE STATE HOSP.	d. STREET ADDRESS NONE o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{D} \)
	3. NAME OF First Middle	Last 4. DATE Manth Day Yeor OF DEATH NOV. 2 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthdoy) 76 yrs. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS) Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) FARMER FARMING	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: U. S. A.
I	3. FATHER'S NAME JOHN SHIMEK	14. MOTHER'S MAIDEN NAME CATHERINE REDOS
_	(Yes, no, or unknown) [(If yes, give war or dates of service)	HOMAS SHIMER ROCK HALL, MD.
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLE UDUE TO Conditions, if any, which gave rise to immediate	ROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
0	cause (a), stating the <u>under-</u> lying cause last. DUE TO (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [7]
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 at wark at wark at wark 19 at wark 1	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City ar tawn) (County) (Stote
		n accurred at <u>1:45 A</u> M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNET
1	PHYSICIAN'S GEORGE H. LONGLEY	M.D. R.F.D. 2, CAMBRIDGE, MD. 11/2/59
	22 DURIAL, CREMATION. 226. DATE THEREOE TECHNAME OF CEMETERY OF SEMONAL (Sportly)	Sunce Screlary ma
1	Little Hillingory 6. 71- Market	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 6 '59 Coffine & Kinne

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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2520 CERTIFICATE OF DEAT

		1/5/	411						Reg. D	ist. No.	
a. (COUNCHES	TER		MA	RYLAND	2. USUAL RESIDENCE (WARYL AND	nere decease	d lived. If institut b. COUNTY	DORCH	nce before o	odmission)
ь. CA	CITY OR TOWN (If autside carporate lim earest tawn)	its, write	c. LENGTH OF ST.		c. CITY OR TOWN (IF a					t town)
d. C.	NAME OF HOSPIT AMBRIDGE	MARYIAND				d. STREET ADDRESS HIGH STRE	ET				S RESIDENCE ON A FARM? ES NO 3
DE	ME OF CEASED pe or print)	WILI	IAM	Mid	dle L	SOWERS Lost	4. DATE OF DEATH	Мо	NOV.	Doy 13	Year 19 59
SEX	ALE	6. COLOR OR RACE WHITE	7. MARI	RIED NEVER MAI	CED	8. DATE OF BIRTH	1898	9. AGE (In years lost birthdoy)	Months		UNDER 24 HRS
SI	USUAL OCCUPATION OF WORLD	ON (Give kind of wark king life, even if retired ACHER	1	KIND OF BUSINESS		JSTRY 11. BIRTHPLACE (State SCHOOL KENT)		ountry)	12. CI	U S A	WHAT COUNT
. FA	THER'S NAME	All the page	15.			14. MOTHER'S MAIDEN N	NAME				
	JOHN SO	OWERS				MAE RISG	UE				
es, no	AS DECEASED EVE	R IN U. S. ARMED FOR (It yes, give war or dates of	service)	SOCIAL SECURITY I			vielui:	CAMBRI	dress DGE	MARYL	A ND
0 1		the under-	Pro Mes		hromb DEATH BU	DOSIS T NOT RELATED TO THE TERM			VEN IN PAI	30 RT 1(a) 19.	hours hours was autopsy performed?
100	Da. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURR	ED. (Enter noture of injury in LACE OF INJURY (Home, form actory, street, office bldg., etc	Port I ar Par	t II of item 18.)		(Caunty)	(Stote
2	1. I certify th	not I offended the		sed from. 10		59, 19, to h occurred ot_9:40	AM, from		ond on t		
A	CTUAL IGNATURE	ldridg	E /	tilloge	1		1000	reet, Car		ge, Md	1. 11-14
PI	HYSICIAN'S IAME (Type)	Eldridge		olff, M.D				TION (City, town,			

may be retain.

TO FUNERAL DIVECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. TO HOSPITAL OR VS A1S (4) 1SM 9/SS

TE OF DEATH	CERTIFICA
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Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Somerset Dorchester Maryland b. CITY OR TOWN Itt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12vr 9mo 25days Cambridge Chance e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO W Eastern Shore State Hospital Middle 4. DATE First Lost Month Yeor DECEASED DEATH (Type or print) November 19 59 Tarleton 16 Tester 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [DIVORCED | January 11. Male 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Marvland Waterman 13. FATHER'S NAME 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Unknown RECORDS: Eastern Shore State Hospital 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TUMOR CEREBRAL UNDET IMMEDIATE CAUSE (a) ASRHYXIA MIN. Conditions, if ony, which DUE To ASPIRATION gove rise to immediate couse 1-00 DUE TO (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that I taok charge of the remains described above, held on Autopsy W. Inspection . Inquiry and in my opinion deoth resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** MARYANOV DEPUTY MEDICAL EXAMINER [] NAME (Type) 22c. NAME OF CEMETERY OF 22d. LQCATION (City, town, or county) 220. BURIAL CREMATION, 226. DATE THEREOF (Stote) BEMOVAL (Specify) 23. FUMERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arinus & Thomas

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			MARILAND STATE DEPARTME	INI OF HEALTH—BALTIMOKE, 10	49057					
FOR STATE	L.		12521 EXAMINER'S	CERTIFICATE OF DEATH	13637					
HEALTH DEP		1. 6	acce of Death orchester Maryland	o. STATE M 3 V 1 3 nd b. COUNTY TA	bot before odmission					
ory, please and Head		b	CITY OR TOWN (If outside carparage limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)					
Boord 09	79	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO 7					
delay is funer retaine State death.		[NAME OF PICEASED Type or print) A 111 A M Hiddle + H	Lost 4. DATE Month OF DEATH	Day Year					
If any 3 to the ay be with the		5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED .	DATE OF BIRTH 9. AGE (In years IFUNDER)	YEAR IF UNDER 24 HAS.					
eath. and 3 ge 5 m nd 2 v		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)								
offer of 13. Por 10. P			LA BOSEY Domestic		S.A.					
hours or Pag le pag	1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IN	FORMANT Address						
thin 24		Yes	no, er unknown] (If yes, give war or dates of service)	Mary Smith Droppei	md					
Item, I alang ii per			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage		Instant Instant					
office			Conditions, if ony, which) OUE TO Rupture aneuris	em abdominal aorta						
ould be			gove rise to immediate cause (a), staling the underlying cause lost. (c)							
cote sh ending il Exam sed os ematia	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
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This This The World Chief 3 should to burn			20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20c. PLAC	E OF INJURY (Home, form, 20f. (City or town) (Courty, street, office bldg., etc.)						
Mariting to the Page Prior		W	21. I certify that I took charge of the remains described above	re, held an Autapsy X, Inspection , Inquiry						
orded CTOR:			opinion death resulted from: Natural causes 🖾, Accident], Suicide [], Hamicide [], Undetermined m	anner 🗌					
MEDINE COMMENTED STRATED STRATED	0		SIGNATURE John Mines	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
PUTY ould b NERA s design	-	220	EXAMINER'S NAME (Type) John Mace Jr. M.D. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR 6	DEPUTY MEDICAL EXAMINER 11/30/5						
TO FU			BENOVAL (Specify) 12/9/59 Tichards Fineral Director's Signature ADDRESS	ametery Easton, 1	(State)					
VS. A15ME 5M 2/57		Y	omer De ostiell, Easton,	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE DEC 1 0 '59 Carthur S.						

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O HOSPITAL CENTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	140	1766	CERTITIO	AIL OI DE			Reg. Dist. N	No.
1. PLACE OF DEATH				2. USUAL RESIDENCE	CE (Where deced	sed lived. If institut		efore admission)
0. COOI411	Dorches	ster	MARYLAND	9.0	arvland	b. COUNTY	Dorche	ester
	(If outside corporate limi		c. LENGTH OF STAY IN 16		The second second	porote limits, write F		
RURAL ond give	ridge		Life	/3 C:	ambrida	7.0		
	TTAL (If not in hospital, o	ive street		d. STREET ADDR				e. IS RESIDENCE
	chool Hous	se La	ane	11	+ Schoo	ol House	Lane	ON A FARM?
NAME OF DECEASED	Fir	st	Middle	Last	4. DATE			Day Year
(Type or print)	Char	les	E.	Wilson	DEAT	H Nov		12. 1959
. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		
Male	Negro	WIDOWI	The same of the sa	March 8.	1888	last birthday) 71 yrs.	Months Day	rs Hours Min.
Oa. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY
Reti		'	Retired	Dorch	nester	Co. Md.	T	USA
3. FATHER'S NAME		100		14. MOTHER'S MAI				
	Jehu Wi	lson	n		Luve	enia Mo	lock	
5. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		Add	dress	
NO NO	(If yes, give wor or dates of s	eLAICE)		Mrs. Gret	tha Ada	ams. Cam	bridge.	. БМ
18. CAUSE OF DE	ATH [Enter only one co	use per li			V-1-100	- Com		NTERVAL BETWEEN
	ATH WAS CAUSED BY:			eart Dise	APP		0	INSET AND DEATH
11.20.1	IMMEDIATE CAUSE (o		OOI OHAI y II	var v Dibe	7850			
Conditions, if								
gove rise to	immediate (1.00				
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			CONTRIBUTING TO DEATH 8UT	NOT PELATED TO THE	TERMINIAL DISE	ASE CONDITION OF	VENI INI DADT 1/o	A 10 WAS AUTORSY
3	MEX SIGNIFICATOR CON	DI110143_	ON KIBOTING TO DEATH OUT	NOT KEENED TO THE	TERMINAL DISE	ASE CONDITION GI	TEN IN PART I(O)	PERFORMED? YES NO
PART II. O' PART II. O' VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of inju	ury in Port I or P	art It of item 18.)			
20c. TIME OF INJU	JRY Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home	e, form, 20f. (C	ity or town)	(Count	ty) (Stote)
20c. TIME OF INJU	10	While of wor	Not while fo	ctory, street, office bld	g., etc.)			(1.0.2)
				6 . 19 58 . 10	Nov	72.50	5	
	that I attended the		20	7				saw the decease
alive an NO	ovember 12	7 12	29, and that death	accurred at	LI AM, fr	om the causes	and an the c	date stated above
ACTUAL (Y41 M	44.	7	007 1		(Street, city or town,		DATE SIGNED
SIGNATURE	Jan	acc	~	M.D. <u>221</u>	rine St	-Cambrid	ige, nu	· TT-T)-)
PHYSICIAN'S NAME (Type)	J. Edwin F	asse	ett, M.D.					
220. BURIAL, CREMATI	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOC	ATION (City, town,	or county)	(Stote)
REMOVAL (Specifical	11/14/1	959	Fork Neck	Cemeters		rcheste	r Count	tv. Md.
23. FUNERAL DIRECTO	RIS SIGNATURE	01	ADDRESS	240	. REC'D BY REG	ISTRAR 24b. REGI	ISTRAR'S SIGNAT	M
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